## APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application Type:: REGULAR Subject Matter:: UTILITY CD-ROM or CD-R?:: NONE

Title:: STABILIZED PHARMACEUTICAL

COMPOSITION IN LYOPHILIZED FORM

Attorney Docket Number:: 248343US0DIV

# INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR Primary Citizenship Country:: Japan

Status:: FULL CAPACITY

Given Name:: Seiji
Family Name:: SAWAI

City of Residence:: Takarazuka-shi

State or Province of Residence:: Hyogo Country of Residence:: Japan

Street of Mailing Address:: 5-3-104, Yashiro-cho

City of Mailing Address:: Takarazuka-shi

State or Province of Mailing Address:: Hyogo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 665-0071

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Japan

Status:: FULL CAPACITY

Given Name:: Akihiro
Family Name:: KASAI
City of Residence:: Ikoma-shi

State or Province of Residence:: Nara
Country of Residence:: Japan

Street of Mailing Address:: 5-1-2-606, Haginodai

City of Mailing Address:: Ikoma-shi

State or Province of Mailing Address:: Nara
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 630-0224

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Japan

Status:: FULL CAPACITY

Given Name:: Kazumi
Family Name:: OHTOMO
City of Residence:: Ibaraki-shi

State or Province of Residence:: Osaka Country of Residence:: Japan

Street of Mailing Address:: 11-3, Funaki-cho

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

567-0828

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/786,125	03/01/01
09/786,125	National Stage of	PCT/JP00/04381	06/29/00

# FOREIGN PRIORITY INFORMATION

<b>Application Number:</b>	Country::	Filing Date::	Priority Claimed::
11/187713	Japan	07/01/99	YES

#### ASSIGNMENT INFORMATION

Assignee Name:: Fujisawa Pharmaceutical Co. Ltd.
Street of Mailing Address:: 4-7, Doshomachi 3-chome, Chuo-ku

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Japan

Postal or Zip Code of Mailing Address:: 541-8514